

TAMALA HOLLAND  
PARALEGAL SPECIMEN  
DESIGNATED OFFICE  
(20) 302-4-73

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE			
							APPLICANT(S)					
CLAIMS												
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.		3										
TOTAL DEP.		16										
TOTAL CLAIMS		19										

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